



Department of Health and Human Services  
Services to End and Prevent Homelessness  
Health Care for the Homeless Program (HCHP)  
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## Shelter Health Guidance for COVID-19 and Influenza



*This guidance is based on the best available information as of 4/15/2020 and will be updated as warranted and as we learn more about COVID-19.*

The following guidance and recommendations of Montgomery County Services to End and Prevent Homelessness (SEPH) is for service agencies providing care for people experiencing homelessness during the COVID-19 pandemic. Please be reminded we are also in influenza season.

1. Plan and take action using federal, state, local COVID-19 guidance and resources.
2. Communicate with residents and staff about COVID-19 and everyday preventive actions.
3. Provide supplies for residents and staff to consistently implement COVID-19 everyday preventative actions.
4. Screen new clients for self-quarantine or self-isolation.
5. Daily screen and monitoring residents for common COVID-19 symptoms.
6. Act quickly if a staff member presents fever, cough, shortness of breath, or other COVID-19 symptoms.
7. Frequently clean and disinfect the facility.

### 1. Plan and take action using federal, state, local COVID-19 guidance and resources.

- a. Centers for Disease Control (CDC): [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)
- b. Centers for Disease Control *Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)*: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- c. U.S. Department of Housing and Urban Development Infectious Disease Toolkit for CoCs (March 2020): <https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/>
- d. Maryland Department of Health: <https://coronavirus.maryland.gov/>
- e. Montgomery County Government: <https://www.montgomerycountymd.gov/Coronavirus>
- f. Office of Maryland Governor Larry Hogan COVID-19 Response: <https://governor.maryland.gov/coronavirus/>

### 2. Communicate with residents and staff about COVID-19 and everyday preventive actions.

- a. Prominently display accurate COVID-19 educational flyers and posters in the facility. Identify and address potential language, cultural, and disability communication barriers. Carefully choose images that are shared so that they do not reinforce stereotypes or create social stigma. If possible, provide materials in multiple languages. SEPH recommends posting the following Centers for Disease Control (CDC) COVID-19 fact sheets:
  1. Symptoms of COVID-19 ([pdf](#), [Espanol](#))
  2. Cover Your Cough ([pdf](#) [Espanol](#))

3. Wash Your Hands (English and Espanol) ([pdf](#)) (Post in restrooms and at sink)
4. Stop the Spread of Germs ([pdf](#), [Espanol](#))
5. Social distancing of 6 feet or more (pdf, Espanol)
6. How to protect yourself and others <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
7. What you can do if you are at higher risk of severe illness from COVID19 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>
8. What to do if you are sick <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
9. Other CDC print resources may be found at Other CDC print resources may be found at <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>.

b. Inform and train residents and staff on everyday preventative actions of:

- i. Frequent handwashing.
- ii. Social distancing.
- iii. Wearing face coverings.
- iv. Covering coughs and sneezes.
- v. Cleaning and disinfecting.

- c. Maintain ongoing communication with residents and staff. Train staff on how to help residents implement personal preventative and protective measures and on actions to prevent and reduce the spread of COVID-19 in your facility.
- d. Maintain ongoing communication with program points of contact in SEPH or Public Health Services. Training can be provided by SEPH Health Care for the Homeless staff. Please contact LaSonya Kelly for more information.

**3. Provide supplies for residents and staff to consistently implement COVID-19 everyday preventative actions.**

- a. Provide residents with easy access to soap, water and hand-drying resources.
- b. Make hand sanitizer that is at least 60% alcohol available for general use and offer residents personal size hand sanitizer when possible.
- c. Arrange spaces in the facility to enable social distancing.
- d. Distribute face coverings to residents and staff. Require face coverings be worn by residents and staff at all times.
  - i. CDC advises, “the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.” CDC guidance for the, *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19* may be found at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. In addition to a video tutorial, sew and no sew instructions for making cloth face coverings, the guidance also includes additional CDC recommendations and responses to frequently asked

questions.

- ii. In Maryland, face coverings must be worn inside any retail establishments or when riding any form of public transportation in Maryland.
- iii. Face coverings are not advised for children under two years of age and individuals with difficulty breathing. The goal of cloth face coverings is to prevent people who feel healthy but have COVID-19 from unknowingly spreading respiratory droplets when they are in public. Cloth face coverings do not offer the same level of protection as surgical masks and N95 respirator mask. Surgical masks and N95 respirators should be reserved for frontline health care personnel.
- iv. Routinely wash or replace face coverings provided to residents and staff.

#### Information on Face Masks and Respirators

There are key differences between face masks and N 95 respirators:

Face mask	N95 Respirator
<ul style="list-style-type: none"><li>• “Surgical mask, disposable mask, medical mask”</li><li>• Looser fitting</li><li>• Keeps virus from getting OUT of a sick person</li><li>• Reduces level of virus and splashes/drops from getting OUT of a sick person</li><li>• Helpful for sick/symptomatic person to wear</li></ul>	<ul style="list-style-type: none"><li>• Respiratory protective device designed to achieve a very close facial fit and efficient filtration of airborne particles. Requires specialized “fit” testing for use in health care settings</li><li>• Not for use by the public</li></ul>

#### **4. Screen new clients for self-quarantine or self-isolation.**

- a. Any client entering the shelter that has been gone from the facility for 24 hours or more, is considered and screened as a new client.
- b. Provide all new clients with a face covering to be worn at all times.
- c. New clients should be screened for self-quarantine or self-isolation.

CDC guidance on *Social Distancing, Quarantine, and Isolation* may be found at

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.

The client’s temperature should be checked twice a day using a temporal thermometer and the client should be asked:

“Are you currently experiencing any of the following symptoms?”

- Fever (temperature over 100.4 degrees)
- Cough
- Shortness of breath

COVID-19 emergency warning signs that require immediate medical attention include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse

- d. If a new client is not symptomatic, they should self-quarantine for 14 days.

Per CDC, “Quarantine is used to keep someone who *might* have been exposed to COVID-19 away from

others. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.”

- e. If a new client has any of symptoms listed above, they must self-isolate either onsite or offsite. Per CDC, “Isolation is used to separate sick people from healthy people.” Please contact the client’s primary care provider, medical provider onsite or Healthcare for the Homeless (240-777-4498) for an evaluation. If the facility has the capability to allow the client to self-isolate onsite, the client should be placed in a designated sick area away from other residents and use a bathroom not used by others. Staff should follow the precautions listed above (i.e. wash your hands often, use hand sanitizer, use face covering). (See CDC guidance on caring for someone who is sick <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>.) If offsite self-isolation is needed, please contact Healthcare for the Homeless. Self-isolation may be discontinued under the following conditions:

From CDC guidance on *What to Do if You Are Sick at*

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

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| <ul style="list-style-type: none"><li>• <b>If you will not have a test</b> to determine if you are still contagious, you can leave home after these three things have happened:<ul style="list-style-type: none"><li>• You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)</li><li>AND</li><li>• other symptoms have improved (for example, when your cough or shortness of breath have improved)</li><li>AND</li><li>• at least 7 days have passed since your symptoms first appeared</li></ul></li></ul> |
| <ul style="list-style-type: none"><li>• <b>If you will be tested</b> to determine if you are still contagious, you can leave home after these three things have happened:<ul style="list-style-type: none"><li>• You no longer have a fever (without the use of medicine that reduces fevers)</li><li>AND</li><li>• other symptoms have improved (for example, when your cough or shortness of breath have improved)</li><li>AND</li><li>• you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.</li></ul></li></ul>                         |

- f. Provide extra guidance on the importance of clients keeping a face covering on at all times to prevent spread.
- g. Educate new clients on the importance of social distancing, keeping face covering on at all times in shelter and impact noncompliance has on the shelter clients

## 5. Daily, screen and monitor residents for common COVID-19 symptoms.

- a. On a daily basis and each time, a resident exits and reenters the facility:  
The client’s temperature should be checked twice a day using a temporal thermometer and the client should be asked:

“Are you currently experiencing any of the following symptoms?”

- Fever (temperature over 100.4 degrees)
- Cough
- Shortness of breath

COVID-19 emergency warning signs that require immediate medical attention include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

- b. If a resident is not symptomatic, the client may remain in all public spaces of the facility.
- c. If a resident has any of symptoms listed above, they must self-isolate either onsite or offsite. Per CDC, “Isolation is used to separate sick people from healthy people.” Please contact the client’s primary care provider, medical provider onsite or Healthcare for the Homeless (240-777-4498) for an evaluation. If the facility has the capability to allow the resident to self-isolate onsite, the resident should be placed in a designated sick area away from other residents and use a bathroom not used by others. Staff should follow the precautions listed above (i.e. wash your hands often, use hand sanitizer, use face covering). (See CDC guidance on caring for someone who is sick <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>.) If offsite self-isolation is needed, please contact Healthcare for the Homeless. Self-isolation may be discontinued under the following conditions:

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| <ul style="list-style-type: none"><li>• <b>If you will not have a test</b> to determine if you are still contagious, you can leave home after these three things have happened:<ul style="list-style-type: none"><li>• You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)</li><li>AND</li><li>• other symptoms have improved (for example, when your cough or shortness of breath have improved)</li><li>AND</li><li>• at least 7 days have passed since your symptoms first appeared</li></ul></li></ul> |
| <ul style="list-style-type: none"><li>• <b>If you will be tested</b> to determine if you are still contagious, you can leave home after these three things have happened:<ul style="list-style-type: none"><li>• You no longer have a fever (without the use of medicine that reduces fevers)</li><li>AND</li><li>• other symptoms have improved (for example, when your cough or shortness of breath have improved)</li><li>AND</li><li>• you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.</li></ul></li></ul>                         |

**6. Act quickly if a staff member presents fever, cough, shortness of breath, or other COVID-19 symptoms.**

CDC *Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)* may be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

If a staff member has reason to believe they may have been exposed to COVID-19, they should self-monitor for symptoms and contact their healthcare provider for guidance.

- If a staff member develops symptoms of COVID-19 including fever, cough, or shortness of breath, they should immediately notify their supervisor and healthcare provider.
- Sick employees should follow CDC guidance for self-monitoring, self-quarantine, or self-isolation. (See CDC guidance on *Social Distancing, Quarantine, and Isolation* may be found at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.) Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with their healthcare provider. See “How to discontinue home isolation”, in CDC guidance on *What to Do if You Are Sick* at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

**7. Frequently clean and disinfect the Facility**

- a. Clean surfaces using soap and water daily.
- b. High touch surfaces including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc., should be cleaned and disinfected more frequently.
- c. Disinfect using an EPA-registered household disinfectant. Follow the instructions on the label to ensure safe and effective use of the product.
- d. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes) with an EPA-registered disinfectant to kill germs. A solution of 1/3 cup bleach in a gallon of water or 4 teaspoons bleach per quart of water is also effective.
- e. Personnel performing the cleaning and disinfecting should use disposable gloves and practice hand hygiene.
- f. Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets.
- g. Change mop heads, rags, and similar items used for cleaning and disinfecting frequently.
- h. Clean, disinfect, and dry equipment used for cleaning after each use.

See CDC guidance for cleaning and disinfecting your facility  
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>.